

# Manitoba Medical Association

## Annual Reports of Committees

### September, 1942

#### Report of Executive Committee

*To the President and Executive of the  
Manitoba Medical Association:*

Your Executive Committee begs to submit the following report for 1941-1942:

Since the last Annual Meeting of your Executive Committee, eight meetings were held and despite the gravity of the war situation, the attendance at all the meetings was good.

Among the problems of major importance for consideration were:

#### State Health Insurance Scheme

While the annual conference of the Canadian Medical Association in 1941 was in session, a rumour was circulated that the Deputy Minister of Health at Ottawa was preparing a Health Insurance Bill to be presented at the next session of Parliament. Up until that moment, the medical profession of Canada had not been advised or consulted in the matter, and naturally the procedure gave rise to much concern. In very short order the President of the Canadian Medical Association and his Executive contacted the authorities in Ottawa for fuller details of the Bill and as to why the Medical Profession were not notified beforehand of the movements on the way. Very soon afterwards, arrangements were made for a conference with the Minister of Health where the issue would be dealt with, and he was informed that there were eighteen points already drawn up for guidance in the case of any such scheme.

In October 1941, the President of the Canadian Medical Association, Doctor G. S. Fahrni was invited to attend a meeting of your Executive where the subject of State Health Insurance would be a subject for discussion. He stated that his remarks must be brief for the reason that he was not in a position to go into details, as the information given at the Ottawa conference was not ready for publication. However, he asked for an opinion as to whether the Manitoba Division of the Canadian Medical Association favoured some form of Health Insurance Legislation or not. He hinted that the introduction of Health Insurance in other countries brought forth vigorous protests from the Medical Profession, yet he felt it might be better to show a spirit of co-operation, and have some definite suggestions as a basis for the scheme to be worked out on.

Following a free discussion and when all ideas were sifted, the views were embodied in a motion:

THAT we instruct our representative on the Executive of the Canadian Medical Association we are in favour of the Medical Profession in Canada co-operating with the Government in devising a scheme to provide the benefits of modern medicine for all citizens of Canada whose income is not sufficient to provide it for themselves, and the basis of the scheme should be medicine as at present practiced—patients to have free choice of a regularly qualified and registered medical practitioner.

This motion carried.

Shortly after, while on tour in the Western Provinces, the President and General Secretary of the Canadian Medical Association received by air mail a letter from the Deputy Minister of Health, requesting that the Medical Association appoint five to seven members to sit in on a discussion. Feeling that the whole Executive of the Canadian Medical Association should be taken into their confidence, Doctor Routley returned to Toronto to see if he could arrange such a meeting. This was agreed upon. The Executive of the Canadian Medical Association met the Minister of Health, the Deputy Minister of Health and First Assistant to the Deputy Minister of Health at a meeting on October 22nd, 1941, at Ottawa. Following this meeting of October, 1941, at a later date, the President of the Canadian Medical Association, who in the meantime had access to fuller information relating to proposed legislation stated that he felt very buoyant and pleased with the terms of the Bill. Doctor O. C. Trainor, representing the Manitoba Medical Association at this October meeting also felt that the Bill was a good one and that the Profession was being treated fairly.

The Minister of Health advised the Executive of the Canadian Medical Association that his department wished to work in conjunction with the Medical Profession and he asked the Executive to appoint a committee to work with the Government on this question. This Committee, later known as "The Committee of Seven," was appointed and consisted of the following:

Doctor G. S. Fahrni—President of the Canadian Medical Association.

Doctor A. E. Archer—Alberta, President-Elect—Canadian Medical Association.

Doctor T. H. Leggett—Chairman of Council—Canadian Medical Association.

Doctor T. C. Routley—General Secretary—Canadian Medical Association.

Dr. Wallace Wilson—Chairman of Economics—Canadian Medical Association.

Doctor Gerin-Lajoie—Montreal.

Dr. Veniot—Chairman of Legislative Committee—Canadian Medical Association.

To this committee of seven was assigned the task of drawing up a questionnaire to be submitted to the Minister of Health for his approval and then copies to be sent to each member of the Medical Profession in the Dominion.

At a later meeting of your Executive Committee at which the President and General Secretary were guests, the Health Insurance Scheme as well as copies of questionnaires were thoroughly studied. The eighteen points contained in the questionnaires were carefully noted one by one and each freely criticized before distribution to the Profession within the Province for comments.

Altogether 552 copies were mailed and 354 replies returned (64.1%). We are now awaiting the next move.

#### Manitoba Medical Service Plan

Early in 1941 your Executive Committee was advised that different public groups were much interested in the Firefighters' Health Service, and wished to know if other groups could take advantage of a similar medical service. After lengthy discussion it was moved

THAT we empower the Committee on Economics to prepare a place to be considered by the Committee to meet the various groups and the matter to be discussed at a later meeting to see what can be done.—Carried.

Following this interview, the Committee on Economics, after many long sessions gathering evidence from many other health schemes in Canada and the U.S.A., formulated two plans as follows:

Plan (1).—provides for surgical services only in an hospital for those with an income level at \$2,400.00 or less.

Plan (2).—provides for a complete surgical and medical service for members with an income limit of \$2,400.00 or less.

These plans were presented to the Manitoba Medical Executive in November last and recommendations made that these plans be presented to the medical practitioners of Greater Winnipeg for criticisms. The Profession expressed approval of the principles of these two schemes. It was then referred back to the Manitoba Medical Association Executive Meeting in January 1942, when the Chairman was authorized to name four or five to select a Provisional Board.

This Provisional Board, with Doctor M. R. McCharles as Chairman, reported progress and stated that three principles will guide the Provisional Board in working out the details: (1) This plan will not interfere with the Professional relations between patient and doctor. It will take over the financial relations. (2) The Provisional Board will not countenance any procedure that will constitute a retrograde step in medicine. (3) That none of the fees on the Schedules which are going to be drawn up will be below the present Workmen's Compensation Board rates. He finally stated that there is much to do and the progress will be slow. Further progress will be presented later.

### Concerning Post War Epidemics

Early last year, the Executive Committee of the Canadian Medical Association considered the advisability of preparing for the possibility of a Post War Epidemic, and felt it best to have plans completed early for such an eventuality. The Epidemic of 1918-19 was an example where little preparation was made for handling the problem in its early stages. It was felt that the full co-operation of the medical profession, nurses, hospitals and others was needed to properly deal with such a condition.

Towards this end, our representative on the Executive Committee of the Canadian Medical Association, Doctor O. C. Trainor, was chosen as chairman of a committee on Epidemics to investigate the situation and prepare plans to cope with such an epidemic.

The members chosen by Doctor Trainor for this Committee on Epidemics consisted of men prominently connected with affairs relating to Public Health and all have had long experience in public health work. The members consisted of:

Doctor F. W. Jackson, Deputy Minister of Public Health.  
Dr. M. C. Loughheed, Medical Health Officer for Winnipeg.  
Doctor C. R. Donovan, Director for Prevention of Diseases, Department of Health.

This Committee on Post War Epidemics reviewed the situation carefully and formulated a scheme which was referred to the Executive Committee of the Canadian Medical Association for their consideration.

The scheme recommended the importance of the formation of:

(1) A National Committee on Epidemics with representation on the Departments of Health, Red Cross, Canadian Hospital Council, Canadian Association of Registered Nurses, Canadian Hospital Association, Department of Indian Affairs, and others.

(2) As well as Corresponding Provincial Committees on Epidemics with Provincial representation on Committees represented on the National Body (National Committee on Epidemics).

To contact all of the aforementioned bodies and receive replies means labour and time, but at present, replies have been received from all Departments of Health across Canada signifying interest in and approval of the plans outlined and are prepared to appoint representatives to help these committees.

As the scheme was initiated by organized medicine, the Executive of the Canadian Medical Association felt that organized medicine should retain control of the Chairmanships of the various Divisional Committees and that the Chairman should act also as the convener of the Committee.

The Chairman of the Manitoba Committee on Epidemics chosen was Doctor J. D. Adamson of Winnipeg, Manitoba.

### Public Relations Committee

The British Columbia Division through their representatives approached the Executive Committee of the Canadian Medical Association on the subject of establishing a Public Relations Committee. It was felt that the Press might be made use of in acquainting the public of work being done by the Profession on their behalf. A suggestion was made that a Public Relations Committee be formed with a centralized office which would from time to time publish suitable information regarding the activities of the profession.

After lengthy debate and exchange of ideas on the subject, your Executive passed a motion:

THAT we approve of the formation of a Committee on Public Relations in each Division of the Canadian Medical Association.—Carried.

No further action was taken.

### The Medical Advisory Committee

The resignation of Doctor W. E. Campbell, Chairman of the Medical Advisory Committee was received with regret. Pressure was brought to bear on him to reconsider his decision but he had definitely decided to resign.

Doctor Campbell held the position of Chairman ever since the organization of this Committee, which required one who was fully acquainted with military affairs.

Doctor Campbell's successor, Doctor F. G. McGuinness too is well informed on military matters and affairs and well suited for the responsibility connected with that office. In addition, Dr. McGuinness has been chosen representative on the Executive of the Canadian Medical Association so making him liaison between the District Medical Officer and organized medicine. This should have advantage over the previous selection of two representatives.

Many other problems came up for consideration by your Executive Committee to which brief reference will be made:

### Surgical Supplies for Doctors in Britain

Many of our fellow practitioners in Britain had been shelled out of house and home and too many lost all of their equipment. An appeal was made to all practitioners in Canada for surgical instruments and supplies that might be spared. To this appeal the response was excellent and 550-odd articles in good condition, and others repairable, were turned over to the Red Cross for disposal.

Thanks to all of you for your assistance at a time when severely needed.

### Gasoline Rationing

When the news concerning the Government's intention of cutting down on the use of gasoline except for much-needed essentials, the profession was much concerned and wondered how the profession would come out on the deal. Gallonage limitations to service stations was first tried, but soon was doomed to failure. Then the coupon plan of limiting supplies of gasoline to motorists came into effect and has hit the pleasure motorist most, but the doctor appears so far to have fared fairly well.

### Gifts to Medical Men on Active Service

Sponsored by the Winnipeg Medical Society, a scheme was planned to send gifts containing cigarettes, sugar, cheese and other wished-for parcels of food at regular intervals to our medical friends from Manitoba. The expense incurred was defrayed by the Winnipeg Medical Society, assisted by the Manitoba Medical Association.

In conclusion we extend our sincere thanks to the Chairman of the Committee on Economics and his committee for valued assistance in gathering and compiling information dealing with the different types of Health Insurance Schemes in Canada and the United States of America for the purpose of working out a scheme of health service for Manitoba. Also to all others who have given of their time and advice on problems of concern, we express our appreciation.

*H. D. Kitchen*

*W. E. R. Coad*

*Secretary.*

### STATEMENT OF REVENUE & DISBURSEMENTS January 1st to August 31st, 1942

REVENUE		
By Fees collected to date,		
270 members at \$10.00 each,		
1 member at \$8.00 .....		2,708.00
By C.M.A. Fees collected—262 members (Funds remitted to Toronto)		
By Interest on Bonds .....		151.50
DISBURSEMENTS		
To Bank charges, exchange, etc. ....	3.42	
To Advance Expenses paid for		
Annual Meeting .....	14.95	
To General Expenses—		
Telephone .....	59.74	
Donation to Health		
for Victory .....	50.00	
Parcels for Men on		
Active Service .....	152.04	
E. S. Fjeldsted re medal ..	29.50	
Wraths, Bond, etc. ....	45.48	336.76
To Postage and Stationery .....	221.31	
To Rent .....	180.00	
To Salaries—		
Medical Business Bureau ..	800.00	
Honorarium,		
Dr. W. E. R. Coad .....	400.00	
Honorarium,		
Dr. F. G. Allison .....	150.00	1,350.00
To Travelling Expenses .....	11.50	
		2,117.94
		2,859.50
		2,117.94
Profit to date .....		\$ 741.56

### Report of Committee on Economics

*To the President and Executive of the  
Manitoba Medical Association:*

The Committee on Economics begs to submit the report on its activities for the past year. It might be pertinent at this time to refer to matters discussed in previous reports of this committee. A few years ago, at the request of the Executive of the Manitoba Medical Association, the Committee spent much time in getting information on salaries, terms and conditions of service, pensions, etc., of all public health officials in Manitoba. The impression appeared to be that organized medicine would take action to improve and standardize the position and outlook of a group of men who are not organized, and in whose welfare we should be interested, seeing that we have to co-operate with them on many occasions. There is no evidence that any further action was ever taken; and the lot of these officers does not appear to be any better than it was some years ago. It might be well that this report should be resurrected.

A report also was prepared on club practice in the City of Winnipeg; doctors who engaged in this type of practice were very co-operative, and a surprising lot of information was provided. Has organized medicine in Manitoba ever expressed its opinion, based on reliable sources, that club practice is or is not a good thing?

A very comprehensive survey of conditions affecting rural practitioners was made a few years ago. It would appear that unfavourable conditions might be reduced or removed by action of organized medicine, but whether through apathy of the rural practitioner or lack of interest of the central body, nothing was done.

We have never settled the question of the municipal doctor. Organized medicine does not appear to have approved of it, but has offered no satisfactory substitute. Rural communities and doctors engaged in the work appear to be satisfied. As between theory and practice, there ought to be some middle way, but we have not found it.

Over a year ago, the Committee on Economics suggested that the Manitoba Medical Association Executive should appoint members of the general profession to sit on the Medical Advisory Board of the Firefighters' Medical Service, the final court of appeal; two members are required to serve for one hour once a month; seven members accepted the responsibility. These meetings have been very difficult to arrange; three had to be called off, because at the hour of the meeting two doctors could not be found ready to give their time for the welfare of the medical community.

The term "organized medicine" has been used frequently, but it may be asked, are we rendering lip-service to the term. Organized medicine is a fine thing when it brings us benefits, but in many cases is regarded as an imposition when services are required of the members who constitute the medical body.

We are and will continue to undergo tremendous economic changes; but unless each and every one of us is prepared to make sacrifices for the welfare of the profession, sacrifices which will not necessarily benefit us personally, then we may find that organized medicine has become a fantasy, rather than a sincere effort to bring benefit to the community.

In April of 1941, on instructions from the Manitoba Medical Association, the Committee on Economics started work on a plan for providing medical services to employed persons in Greater Winnipeg. Many meetings were held, much work was done, information was obtained about group service plans all over the continent; plans were submitted and rejected; individual members of the Committee undertook the study of certain sections of the problem; it is not necessary to recapitulate further. The results were submitted to a meeting of the profession on December 12th, 1941, and subject to certain provisos were accepted. The Committee then requested the President and Executive to carry on the construction from this stage; it was felt that the Committee might be said to have too much authority over the physical welfare of the profession during the last few years, even though all its recommendations have to be ratified by the Executive of the Manitoba Medical Association. Further, the more of us who learned the immense amount of detail involved in setting up such a plan, the less uninformed criticism there would be.

The Fire Fighters' Medical Services is now in its third year. In the first year the payroll deductions failed to meet the medical costs by nearly \$2,000.00; clerical administration was provided by a special assessment. In the second year, all medical costs

were paid; moneys received all were paid for services to the sick; clerical administration again had to be met by a special assessment. In this year it is hoped that clerical and for the first time medical administration costs can be met from the regular payroll deduction. The administration costs so far have been less than 10%, a very moderate figure. During the two years of the service, one in every ten beneficiaries has had a major surgical operation.

May I again express my personal appreciation of each and every member of the Committee; they have willingly sacrificed much time and effort in trying to solve problems which affect your welfare. The Committee is ready to serve you if and when the occasion arises.

Respectfully submitted.

*E. S. Moorhead*

*Chairman of the Committee on Economics.*

### Report of Editorial Committee

*To the President and Executive of the  
Manitoba Medical Association:*

The Editorial Committee begs to report as follows:

The policy of the Review has been continued in the publication of one or two clinical papers in each issue of practical interest to the general practitioner. News of medical societies, editorials, abstracts, case reports, personal notes, obituaries and public health information make up the balance. In addition a lively page was contributed last year by Doctor J. C. Hossack, the "Winnipeg Medical Society Notice Board."

Contributions, clinical or personal interest, solicited.

The Review continues to be self-supporting and the financial position is detailed in the report of the Honorary Treasurer.

The Editorial Committee wishes to place on record its thanks to all those who contributed papers, to the staff, the printers, and the business manager.

Respectfully submitted.

*F. G. Allison*

*Editor and Chairman,  
Editorial Committee,  
Manitoba Medical Review.*

### Report of Editorial Board C.M.A. Journal

*To the President and Executive of the  
Manitoba Medical Association:*

I have the honour to report as follows:

In the period from June 1941 to August 1942 Manitoba physicians were well represented in the columns of the C.M.A. Journal. The following is a list of those who have contributed to the Journal:

Adamson, Dr. James D.	Gunn, Dr. John A.
Birt, Dr. Arthur R.	Hay, Dr. Arthur W. S.
Black, Dr. Elinor F. E.	Hossack, Dr. John C.
Bowman, Dr. Maxwell	Klass, Captain Alan A.
Burnes, Dr. J. S.	McGillivray, Dr. James
Cadham, Dr. Frederick T.	MacNeil, Dr. Frank A.
Cameron, Dr. Hugh C.	Mathers, Dr. Alvin T.
Carter, Dr. Lewis J.	Menzies, Dr. Adam F.
Davidson, Dr. John Ralston	Mitchell, Dr. Rosslyn B.
Donovan, Dr. Charles R.	Mooney, Dr. Bernard R.
Dubo, Dr. Sara	Moorhead, Dr. Ernest S.
Elliott, Dr. Morley R.	Peikoff, Dr. Samuel S.
Fahrni, Dr. Gordon S.	Rawson, Captain Noel R.
Fletcher, Dr. George W.	Thorlakson, Dr. Paul H.
Flett, Dr. Robert O.	White, Dr. Frank D.

In addition Manitoba items of general interest to the profession have appeared in each number of the C.M.A.J. under the heading of Manitoba Notes.

Two editorials, one on the Manitoba epidemic of Encephalitis and Poliomyelitis, and one on Maternity Mortality in Manitoba, also appeared in the Journal.

Respectfully submitted.

*Ross Mitchell*

*Chairman,  
Editorial Committee*



### Report of Committee on Archives

*To the President and Executive of the  
Manitoba Medical Association:*

Your Committee on Archives begs to report as follows:

Four donations have been made to the Manitoba Medical museum housed in the Medical Library:

1. Set of operating instruments in mahogany case which may have been used in the Battle of Trafalgar. The terms of the presentation are as follows: "Instruments used by Alexander Denmark of Torquay, Devon, Surgeon in H.M. Fleet circa 1790-1830. Presented by Alexander George Denmark, M.D., one-time Captain R.C.A.M.C., great-grandson of the above Alexander Denmark." Dr. A. G. Denmark practiced in Langenberg, Sask., and Whitemouth, Man.

2. Molar extractor or turnkey used by early Ontario Physician, presented by Mrs. D. E. Denmark, Winnipeg.

3. Cupping outfit presented by Dr. A. T. Mathers, Winnipeg.

4. Phlebotomy knife with trigger and four small blades, presented by Dr. D. N. C. McIntyre.

It is hoped that further donations and acquisitions will be made. The museum will come to be of interest from an historical standpoint.

Respectfully submitted.

*Ross Mitchell*

*Chairman,  
Committee on Archives.*

### Report on Historical Medicine and Necrology

*To the President and Executive of the  
Manitoba Medical Association:*

Your Committee begs to report as follows:

The period since the last report is fifteen months and in consequence the list of Manitoba physicians who have passed away is larger. In chronological order it is as follows:

Charles Franklin Benson, Winnipeg—June 3, 1941.  
Miklos R. Galambos, Winnipeg—Aug. 3, 1941.  
William G. Harrington, Dauphin—Sept. 13, 1941.  
Stanley G. Herbert, Winnipeg—Sept. 28, 1941.  
James Stanley Gardner, Norwood—Nov. 25, 1941.  
Theodore Ewanchuk, St. Boniface—Dec. 19, 1941.  
Angus J. Fraser, Winnipeg—May 23, 1942.  
Samuel Rodin, Winnipeg—June 29, 1942.  
Robert Moore Best, Killarney—June 30, 1942.  
Clarence Currie Everson, Morden—July 10, 1942.  
John Sutherland Matheson, Brandon—July 27, 1942.  
Dr. J. B. Cloutier—Aug. 5, 1942.

Dr. Harrington was a former member of the Legislative Assembly for Dauphin; Dr. Herbert was treasurer of the Manitoba Medical Association at the time of his death; Dr. Fraser was the first medical officer of the Workmen's Compensation Board of Manitoba; Dr. Everson was a member of the Council of Physicians and Surgeons of Manitoba; Dr. Matheson was one of the best known surgeons in Western Canada.

To the relatives of these medical brethren we extend our deep sympathy.

Respectfully submitted.

*Ross Mitchell*

*Chairman,  
Committee on Historical Medicine and Necrology.*

### Report of Extra Mural Committee

*To the President and Executive of the  
Manitoba Medical Association:*

Your Extra Mural Committee begs to submit the following report:

During the official year of 1941 to 1942, consisting of fifteen months, several meetings of the various District Medical Societies throughout the Province were held to which twenty-eight speakers were sent out from Winnipeg and six were contributed by the North West Medical Society and the Brandon and District Medical Society.

The following is a list of meetings and speakers attending:

#### *North Western District Society:*

July 9, 1941—at Russell. Speakers: Doctors A. R. Birt and David Swartz.

August 13, 1941—at Virden. Speakers: Doctors N. J. MacLean and J. C. Hossack.

May 20, 1942—at Hamiota. Speakers: Doctors A. C. Abbot, F. W. Jackson and H. D. Kitchen.

June 10, 1942—at Virden. Speakers: Doctors W. F. Abbott and H. E. Popham.

July 9, 1942—at Minnedosa. Speakers: Doctors J. S. Clark, H. O. McDiarmid, S. J. Peirce and G. Clingan.

August 19, 1942—at Russell. Speakers: Doctors J. C. Hossack and W. A. Gardner.

#### *Brandon and District Medical Society:*

October 8, 1941—at Ninette. Speakers: Doctors H. D. Kitchen and H. F. Cameron.

November 19, 1941—at Brandon. Speakers: Colonel A. M. Davidson and Doctor G. S. Fahrni.

February 25, 1942—at Brandon. Speakers: Doctor George Little and Captain A. Klass.

May 6, 1942—at Brandon. Speakers: Doctors Charles Hunter and N. J. MacLean.

#### *Central District Medical Society:*

May 6, 1942—at Portage la Prairie. Speakers: Doctors F. G. McGuinness and B. Best.

#### *North Western and Brandon District Medical Societies:*

September 10, 1941—at Clear Lake. Speakers: Doctors E. S. James and D. S. McEwen.

#### *Northern District Medical Society:*

September 10, 1942—at Dauphin. Speaker: Doctor C. W. Burns.

A suggestion that interest might be increased at district meetings by providing clinical material in addition to regular papers proved its value at the Russell meeting in 1941 when Doctors presented cases for diagnosis and discussion. This change in the plan of programme was very favorably received by those who attended the meeting.

To the College of Physicians and Surgeons of Manitoba we extend sincere thanks for the grant toward defraying the travelling expenses of the various speakers and we hope they will see fit to continue this annual contribution.

Your Committee extends sincere thanks to the various speakers, all of whom presented excellent papers.

Respectfully submitted.

*W. E. R. Coad*

*Chairman.*

### Report of Maternal Mortality Committee

*To the President and Executive of the  
Manitoba Medical Association:*

Dear Sirs:

The following is a brief summary of the live births and maternal deaths with their causes, for the year 1941:

*Total live births for 1941:*

White and half-breed	13,931
Indian	881
	<hr/> 14,812

*Total Maternal deaths for 1941:*

White and half-breed	37
Indian	9
	<hr/> 46

*Causes of Maternal deaths for 1941:*

	White and H.B.	Indian	Total
Abortion	7	1	8
Ectopic Gestation	1		1
Toxaemias of pregnancy, death prior to delivery	1		1
Other disease and accidents of preg., prior to delivery	2		2
Haemorrhage	8	4	12
Infection	6	1	7
Puerperal Toxaemias	8	1	9
Other	4	2	6

This gives a maternal death rate of 3.1 per 1000 live births for the year 1941.

Two things stand out in this report that calls for remedial measures:

The first is the high maternal death rate among Indians—10.2 per thousand as compared to 2.6 per thousand in whites.

The second is the high percentage of deaths due to haemorrhage, 26% as compared to 19.5% for toxæmia and 15.2% for infection.

The bright spots are the low death rate amongst the whites and the greatly decreased deaths due to infection, thanks to sulfa drugs.

All of which is respectfully submitted.

*F. G. McGuinness*

*Chairman,  
Maternal Mortality Committee*

#### Report of Radio Committee

*To the President and Executive of the  
Manitoba Medical Association:*

Sirs:

Your Radio Committee wish to submit the following report:  
There have only been three radio talks during the past year,  
as follows:

Feb. 6th—Dr. J. T. Cruise—"Vision and Its Protection."

Feb. 13th—Dr. F. D. McKenty—"Deafness."

Feb. 27th—Dr. J. M. McEachern—"Heart Disease After  
Forty."

Respectfully submitted.

*A. M. Goodwin*

*Chairman,  
Radio Committee.*

#### Report of the Public Health Committee

*To the President and Executive of the  
Manitoba Medical Association:*

With the advent of the war, indications pointed to the fact that in a total effort, every citizen of our nation would have to do his utmost in his or her particular sphere of life in order to assure final victory. It is quite impossible for an individual to make a maximum effort unless he is at the maximum state of physical and mental fitness. With this thought in mind, all across Canada there has been an added impetus to public health efforts on the part of official and voluntary health agencies.

In Manitoba, during 1941, with the object of trying to ascertain just how best we might carry out our appointed task, a complete survey of the health facilities of the Province were made by the American Public Health Association through their field secretary, Dr. Carl Buck and his associates. This study was completed late in 1941 and published early in the year 1942. It went into great detail as to what, in the opinion of Dr. Buck, should be done in the course of the next few years to put public health practice in this Province on the highest possible plane. Two separate reports were published, one in respect to the City of Winnipeg and one dealing with the Province as a whole. It is very satisfactory to note that all the recommendations pertaining to reorganization of the Winnipeg set-up have either been completed or are in the course of being brought into being.

One of the main and probably the most important recommendations of the City report was the amalgamation of the School Medical Services with the City Health Department. In order that this amalgamation of the two medical services in the City might be further improved, the Rockefeller Foundation granted certain Fellowships to nurses in the services in order that they might have special training in the generalized field of public health nursing. The City Health Department was fortunate in obtaining for a temporary period at least, as Director of the combined nursing services, a Miss P. Roberts, who was brought here from the Nursing Service of the City of Toronto.

Another important recommendation concerned the voluntary nursing agencies in Winnipeg, the recommendation being that the bedside nursing care provided by the Margaret Scott Nursing Mission and the Victorian Order of Nurses should come under one jurisdiction and be administered by one body. As a result of this recommendation and after considerable negotiations, all bedside nursing in Winnipeg now is being carried on by the Victorian Order of Nurses.

In respect to the recommendations as they affect the Provincial Department of Health, these dealt mainly with a complete revision of the present method of providing public health services to parts of Manitoba outside of Winnipeg, the import of which is to the effect that a determined effort should be made to decentralize their activities and not render public health services directly to communities but rather assist communities in providing their own services. This involved the setting up of a

new Division within the Department known as the Division of Local Health Services. This has already been accomplished.

A further important recommendation was one in respect to the Hospitalization situation in the Province and Doctor Buck, in his report, recommended that a Commission be established to make a complete study of the hospitals within the Province with a view to trying to classify them according to the type of services they were able to render and in this way assure that the money being provided by municipalities and the Government towards the operation of such hospitals was distributed in an equitable manner.

The Commission has already been established and no doubt their report will be of extreme interest not only to hospital authorities throughout the Province, but to every member of the medical profession as well.

In order to be able to directly help in Canada's war effort, there has been established as a war measure within the Provincial Department of Health and Public Welfare, a Division of Industrial Hygiene headed by a specially trained medical man with the assistance of a qualified industrial chemist and a sanitary engineer. The main purpose of this Division will be to assist all industries supplying war materials in trying to ensure that the maximum effort of their employees is available at all times by means of protecting their health both from industrial accidents and industrial sickness.

At the time of the last meeting of the Manitoba Medical Association, the Minister of Health called a meeting of Health Officers of the Province and at this meeting it was decided by those present to form a Health Officers Association. The preliminary officers of this Association were chosen at that meeting under the Presidency of Doctor George Clingan of Virden and with a Secretary in the person of Dr. G. A. Law, of Oak Bank. The first annual meeting of this Association will be held on the day preceding the Convention of the Manitoba Division of the Canadian Medical Association. It is hoped that this new organization will do much to improve the type of public health work done in rural and semi-rural areas as well as to ensure that the medical practitioners doing the work are properly remunerated for the services they render.

Following the epidemic of Encephalitis in the fall of 1941, the Provincial Government made available to the Department of Health and Public Welfare a small sum of money for research into means by which this disease might be controlled. The Department officials, after considering the problem from every viewpoint, thought that the most important thing to find out was whether or not there was an efficient immunizing agent for this disease and during this past summer, some three thousand male individuals between the ages of twenty-one and sixty have been immunized, with proper controls as to blood samples, etc., and although the programme is not complete, it would appear that the immunizing agent used may be of value in the control of this disease if another epidemic should make its appearance in this Province.

The war, of course, has taken its toll of personnel in the Public Health field in Manitoba, particularly in the Nursing and Medical fields. Doctor Wood of the City Health Department and Doctor Rawson of the Provincial Department of Health joined His Majesty's Forces in 1941 and both are doing exceedingly valuable work in their particular field, Doctor Wood being transferred from Military District No. 10 to take over the Public Health work of Military District No. 4. Doctor Rawson took over Dr. Wood's work in Military District No. 10 as District Hygiene Officer. To date some eight Public Health Nurses have left the Public Health Services of this Province to join His Majesty's Forces and most of these are already posted overseas.

All of which is respectfully submitted.

*F. W. Jackson*

*Chairman,  
Committee on Public Health, Manitoba Division,  
Canadian Medical Association.*

#### Report of Representative to Manitoba Sanatorium Board

*To the President and Executive of the  
Manitoba Medical Association:*

I have attended several meetings of the Board during the past year, and have been impressed with the sincerity of the men of the Board and the interest which they take in the tuberculosis problem in Manitoba.

It has been most instructive taking part in the meetings.

*H. D. Kitchen*

### Report of Health Insurance Committee

*To the President and Executive of the  
Manitoba Medical Association:*

Your Committee on Health Insurance has been holding meetings ever since they were formed, and have accomplished a considerable amount of the organization necessary to establish a Health Insurance Plan.

Two plans of Health Insurance are being considered, one a partial plan covering surgical and obstetrical cases in Hospital, and the second a complete plan. We have met the general profession of Winnipeg and various sections of it and discussed common problems. These meetings have been very valuable to your Committee and have also kept the profession informed.

An Act to incorporate the Manitoba Medical Services was passed through the Provincial House last session, and the project has had a very favourable reception in every quarter. Throughout the summer, the details of the organization have received our attention. The members of the permanent Board from outside the profession have been appointed. The necessary documents such as the agreement between the Medical Services, and the Manitoba Hospital Service Association (who are very co-operative and have agreed to associate themselves very closely with us), the contract between the Medical Services and the physician, the contract between the Medical Services and the patients (one of these for each plan), have been drafted and have almost reached their final stage.

In a short time, we will be ready to present our proposed organization to the general profession, and with their approval, hand it over to the permanent Board to inaugurate the project.

We have received most valuable help from Mr. Crossin and Mr. Dawson of the Manitoba Hospital Service Committee, from Doctor Moorhead, Chairman of your Committee on Economics who formulated the two plans of service and fixed the rates. Their help is very much appreciated.

We are receiving financial support from the College of Physicians and Surgeons, the Manitoba Medical Association and the Winnipeg Medical Society, for organization expenses, which has made this project possible.

I would like to thank all Members of the Committee for their very diligent and arduous work, particularly your President who has been at every meeting of the Main Committee and all Sub Committees.

Respectfully submitted.

*M. R. McCharles*

*Chairman,  
Health Insurance Committee*

### Report of Medical Advisory Committee

*To the President and Executive of the  
Manitoba Medical Association:*

As you are aware, through the Canadian Medical Association Journal, a central committee, called the Medical Advisory Committee was set up in Toronto and a branch in each Province, to act in conjunction with the Army, Air Force and Navy, in securing suitable medical personnel for the Armed Forces.

Your Committee agreed to prepare a complete list of the medical personnel in each Province and have it available for the Senior Medical Officers.

It was agreed that all applications for enlistment would be referred to this Committee for approval before final acceptance. This was done in order that no essential service, *i.e.*, Medical Faculty, Department of Health, a civilian area, would be unnecessarily depleted.

In July of this year, the Canadian Medical Procurement and Assignment Board was set up under the authority of the Minister of National Defence, the Minister of National Defense for Air, and Minister of National Defense for Naval Service. The composition of the Board is as follows:

Brigadier G. B. Chisholm, D.S.O., Director General of Medical Services (Army); Surgeon Captain A. McCallum, Medical Director General (Navy); Air Commodore R. W. Ryan, Director of Medical Services (Air); Doctor Ross Millar, Director of Medical Services, Department of Pensions and National Health; Doctor H. H. Christie, Medical Director, Department of National War Service; Mr. L. E. Westman, (Lay), Representative of the Director of National Selective Service; Doctors A. E. Archer, T. H. Leggett, Frank Patch and Leon Gerin-Lajoie, T. C. Routley and Lieutenant-Colonel T. A. Lebbetter (AAG).

Brigadier G. B. Chisholm, D.S.O., Director General of Medical Services, Doctor T. C. Routley, Secretary, and Lieutenant-Colonel T. A. Lebbetter (AAG), Assistant Secretary of the Board, were appointed an Executive Committee of the Board.

Our General Secretary has said: "The Canadian Medical Association at its last meeting definitely committed itself to the work of this Board, and as the title suggests, we are now concerned in procuring and assigning Doctors. Your Committee, therefore, becomes a procuring and Advisory Committee."

The Board has assumed a task of National importance—in fact, a task which is interwoven with the life-and-death struggle in which our country is engaged. We simply must provide the fighting services with all of the medical manpower they require, while at the same time we keep in mind the essential medical needs of the civilian population. The work of this Board—its success or failure—will to a large degree depend upon the co-operation which it received from the Divisional Advisory Committee."

What has your Committee done?

In accordance with our agreement, a complete analysis of the medical personnel of this Province registered up to the outbreak of war was made, *first*, in age groups, from 20-29, 30-39, 40-49, 50-55, and over 55; *secondly*, as to specialties, and *thirdly*, as to districts served.

All the graduates from the Faculty of Medicine, University of Manitoba for 1940, 1941 and 1942 were analyzed. These figures, which are lengthy, are available at the Association office for anyone who wishes to see them.

This analysis shows that of the medical profession, under the age of fifty, registered in Manitoba, 40% are either in the Armed Forces, have been discharged or have been boarded 'E'.

All men of the graduating class of 1940 that are physically fit and in our Province are now in the Army.

Of the Graduate class of 1941, all but nine in the Province who are physically fit are in the Army; of these two are Senior Interns, three have not yet enlisted and the whereabouts of four are unknown.

Of the Graduating Class of 1942, all but seventeen are in or going into the Armed Forces. Of this seventeen, fourteen are Senior Interns and are available at the end of this session and three are unfit.

In the three graduating classes of 1940, 1941 and 1942, there were 160 students. Twenty-seven of these completed their intern year in other provinces, leaving a balance in our Province of 133, which included eleven women. Of this number, 80, or 60%, are now in the army and 15, or 11.2% have been discharged or rejected, making a total of 95 that have offered their services, or 71.3%.

Of the total medical population of Manitoba, under the age of fifty, 51% are in the army, have been discharged or rejected. Thirty-seven, point three, are now on active service.

Of the total medical population of Manitoba, 34.5% have offered their services to the Armed Forces.

It is evident from these figures that the Manitoba Medical Profession are keeping the faith.

*F. G. McGuinness*

*Chairman,  
Medical Advisory Committee*

### Report of Membership Committee

*To the President and Executive of the  
Manitoba Medical Association:*

Your Membership Committee begs to report as follows:

Up to and including this day membership in the Canadian Medical Association, Manitoba Division, is 306 and of these 284 are also members of the Canadian Medical Association fully paid. This represents a decrease in membership of 64. This decrease may be accounted for in several ways.

Last year, as you recall, the Canadian Medical Association met here in June and the desire to take part in the sessions of this Association led many members to join who had not formerly done so. You will recall also that our Manitoba Medical meeting consisted only of a business meeting and from then until the end of the year there was no inducement to hold out to encourage members to pay their dues.

Then at the end of September your Chairman, the late Dr. Herbert, who had worked faithfully and long to build up your



membership met the tragic death which brought such gloom and sincere regret to all of us. Following his death your present chairman was asked to fill in his unexpired term and it is largely through his inexperience and inefficiency that your membership has fallen.

Other factors having a bearing on the reduced membership are: The large number of our members, both practicing physicians and recent graduates, who have joined the armed services. These, as you know, are all honorary members of the Association without payment of dues.

For the years 1940, 1941 and 1942 there graduated from our medical school 160 doctors. Of these 27 served their internship outside the Province and have not returned to our jurisdiction. Of the remaining 133, 80 are on active service, 20 are serving as senior internes, leaving a potential 33 of these recent graduates who might be expected to become paying members of the Association. Of these 11 are women, a number of whom married shortly after graduation, so that out of 160 graduates in the last three years, there are only 23 possible new male members to supplant or make up for removal by death, sickness and retirement.

Of the physicians practicing in Manitoba 202 are already serving in the armed forces and are honorary members. Making allowance for retirement, illness and resignations from the Association your Committee feel that our total possible paid-up membership at this date would be 465 so that our active membership represents 60% of our possible membership.

It is suggested that in the future a more active membership campaign be carried on in each district by the secretary of each district society working in closer harmony with the central committee, of which he is a member, to stimulate, if possible, a more active growth and interest in the Association.

All of which is respectfully submitted.

*W. G. Beaton*

*Chairman,*

*Membership Committee*

## Surgeons Congress November 17th to 20th

The 1942 Clinical Congress of the American College of Surgeons, originally scheduled for October at the Stevens Hotel, Chicago, which was taken over August 1 by the United States Army Air Corps, will be held in Cleveland, with headquarters at the Cleveland Public Auditorium, from November 17 to 20, according to an announcement from the College headquarters in Chicago. The twenty-fifth annual Hospital Standardization Conference sponsored by the College will be held simultaneously.

The programme of panel discussions, clinical conferences, scientific sessions, hospital meetings, and medical motion picture exhibitions at headquarters, and operative clinics and demonstrations in the local hospitals and Western Reserve University School of Medicine, has been centered around the many medical and surgical problems arising out of the prosecution of an all-out effort to win the war, emphasizing the needs of the rapidly expanding medical services of the Army and Navy, and consideration of special problems related to the increasing activities for civilian defense.

## REPORT ON SEARCH OF WORLD'S MEDICAL LITERATURE PERTAINING TO INTESTINAL OBSTRUCTION

This Important Paper, by Bernard Fantus, M.D., and Geza Kopstein, M.D., reports an extensive search of the world's medical literature to ascertain whether the records disclose any foundation for an assumption that there is a relationship between bran and intestinal obstruction. The conclusions of the authors, based on 75 cases analyzed, are given below:

"1 In a review of the world's literature on bran impaction in the bowel, only four actual cases of this kind could be discovered. In three of these the impaction was preceded by gross intestinal pathology. The fourth case (Davis) is not sufficiently well described to permit of analysis as to its nature; but predisposing cause was probably present.

"2 Bran is obviously not likely to produce intestinal obstruction unless an organic predisposing cause is present.

"3 In the presence of intestinal ulceration, stenosis, or disabling adhesions, the administration of bran is contraindicated."

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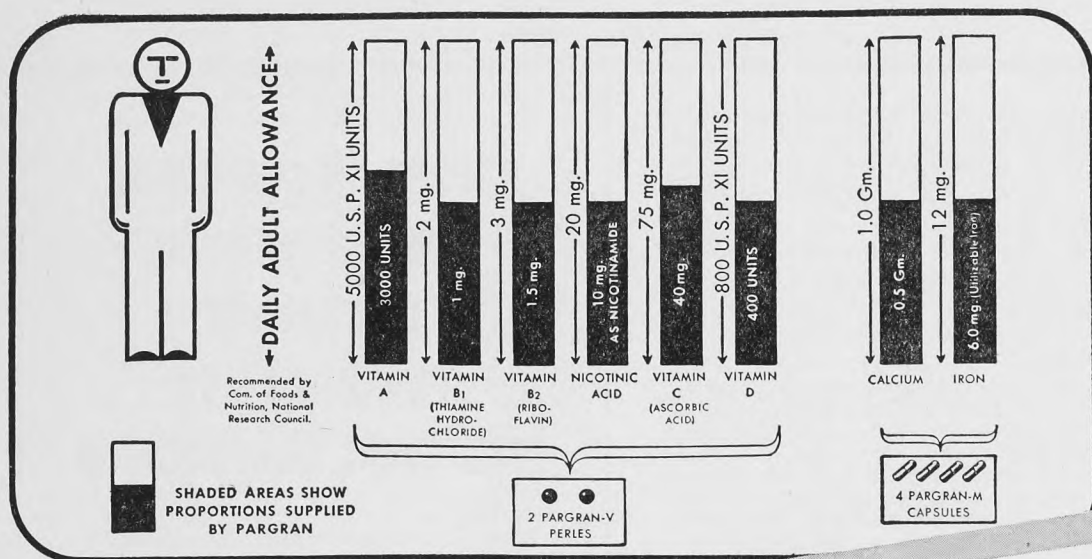
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Dr. Fantus-Kopstein.  
American Journal of Digestive Diseases, Vol. VII, No. 2,  
February 1940.
- ☐ I would like to receive reprints of other published papers  
on this subject.

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## Editorials and Association Notes

### Manitoba Medical Review

ESTABLISHED 1921

WINNIPEG, OCTOBER, 1942

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Annual Subscription - \$2.00

*Editorial or other opinion expressed in this Review is not necessarily sanctioned by the Manitoba Medical Association*

### Annual Meeting M.M.A.

September 23-25, 1942

The 34th Annual Meeting of the Manitoba Medical Association ended in a burst of X-Rays and a flurry of golf balls. 210 members registered, which is excellent considering the number of men on service. Color and variety was lent to the meeting by the guest speakers from Edmonton, Dr. Fulton Gillespie and Dr. J. W. Scott, and by the luncheon speakers, Major Gerald Williams, Dr. George Clingan, Lieut.-Colonel Ross Cooper, Lieut.-Colonel Hartley Smith and W/C John Sifton. The executive and members of the Association greatly appreciated the help of Doctors Gillespie and Scott in making the meeting a success.

#### Health Insurance

Dr. A. E. Archer, President of the C.M.A., stated that while it was unlikely that a Health Insurance Act would be introduced into parliament during the war, a C.M.A. committee was actively studying the subject in conjunction with the Department of Pensions and National Health. He asked members to study the subject and forward their suggestions to the C.M.A. committee. This is the time to have our ideas incorporated in the scheme, before the bill is formally introduced and the prestige of the government is involved.

Dr. G. S. Fahrni, Past President of the C.M.A., urged a larger C.M.A. membership in the interests of the unity of the profession.

#### Scientific Meetings

A number of addresses and many interesting cases were presented at the scientific meetings. From the standpoint of the Review it is to be regretted that many of the speakers did not prepare formal written addresses or case reports which could be published in this journal, as the influence of the addresses would have been multiplied. An effort will be made to obtain some of the presentations for future publication.

#### Public Meetings

The public meeting at the Winnipeg Auditorium was attended by about 700 persons. Under the chairmanship of Dr. H. D. Kitchen, Dr. A. E. Archer spoke on "The Place of the C.M.A. in the National Emergency," Dr. F. W. Jackson on "The Problem of Western Equine Encephalitis," Dr. Fulton Gillespie on "Our Job with Cancer," and Dr. Harry Williams on "Medicine in China as Compared with Canada."

#### New Officers

The newly elected officers of the Manitoba Medical Association are as follows:

President—Dr. F. K. Purdie, Griswold.

First Vice-President—Dr. J. D. Adamson, Winnipeg.

Second Vice-President—Dr. Stuart Schultz, Brandon.

Honourary Secretary—Dr. D. L. Scott, Winnipeg.

Honourary Treasurer—Dr. W. G. Beaton, Winnipeg.

Past President—Dr. H. D. Kitchen, Winnipeg.

City Member at Large—Dr. J. T. Cruise, Winnipeg.

Rural Member at Large—Dr. Eyjolfur Johnson, Selkirk.

#### Lower Fee for M.M.A. and C.M.A.

A momentous decision was taken at the Annual Meeting of the M.M.A. The former fee of \$10.00 for the M.M.A. and \$8.00 for the C.M.A. was changed to a composite fee of \$15.00 to include membership in both the Manitoba and Canadian Medical Associations and subscriptions to the Journals. It is now impossible to join either organization separately. This practice has also been introduced in Alberta, Ontario, Prince Edward Island and Nova Scotia.

One purpose of this ruling is to strengthen the membership of the C.M.A., so that in negotiation with the government on Health Insurance, the C.M.A. can speak for a larger percentage of physicians.

It has been found in other provinces that the composite fee plan attracted many former non-members to the fold of organized medicine. If the M.M.A. is to remain financially afloat, this

MUST happen here too, as the local organization is absorbing a reduction of \$3.00 per year on each membership from the former level. As 202 Manitoba physicians are now honorary members by reason of service in the armed forces, this puts a further strain on the finances of the organization.

### Orchids for Dr. McGuinness Committee

Dr. A. E. Archer, President of the C.M.A., stated at the annual meeting of the M.M.A. that the painstaking and efficient work of the Manitoba Medical Advisory Committee, headed by Dr. F. C. McGuinness, has been taken as a model of provincial committee work by the Canadian Medical Procurement and Assignment Board. In the detailed work of this committee, found in this issue, it is stated that 51% of the total medical population of Manitoba under the age of 50, are now in the armed forces, have been discharged, or rejected. The members of this committee are as follows: Dr. G. S. Fahrni, Dr. H. D. Kitchen, Dr. A. T. Mathers, Dr. J. D. Adamson, Dr. O. S. Waugh, Dr. O. S. Trainor, Dr. D. S. McEwan, Dr. F. W. Jackson, Dr. H. Coppinger, Col. P. G. Bell, W/C J. A. Sifton, Surg. Lieut. G. K. Mighton, and Dr. J. C. Gillie.

## Personal Notes and Social News

Dr. Donald James Hastings, elder son of Dr. and Mrs. H. E. Hastings was married September 12 to Isabel Mary, only daughter of Mr. and Mrs. Charles Carver of Winnipeg.



Dr. H. M. Speechly of Winnipeg has been appointed an honorary member of the Anglican Indian and Eskimo residential school commission.



Dr. W. J. Elliott, formerly of Brandon, Man., has entered the Naval service as a surgeon-lieutenant.

### Congratulations

To—Dr. and Mrs. J. A. Bildfell of Pangnirtung, North West Territories, on the birth of a son (Peter Gervas) on August 22nd.



To—Dr. and Mrs. J. J. Elliott of Lewistown, Montana; a son (Joseph Carlyle Elliott) at St. Joseph's Hospital, September 10th.



To—Surgeon-Lieutenant and Mrs. E. D. McCharles of St. Hyacinthe, Que., a daughter.

## Honourary Memberships Presented

At the annual meeting, Dr. Kitchen presented Honourary Membership in the Manitoba Medical Association to the following senior members of the profession:

Dr. George Clingan, Virden.  
Dr. E. D. Hudson, Hamiota.  
Dr. H. M. Speechly, Winnipeg.  
Dr. E. W. Montgomery, Winnipeg.

## Past Presidents Honoured

The living Past Presidents of the Manitoba Medical Association were presented with a commemorative scroll at the Annual Meeting. The list of presentations is as follows:

Dr. J. S. Poole, 1915-16	Dr. A. F. Menzies, 1932-33
Dr. D. G. Ross, 1917-18	Dr. J. C. McMillan, 1933-34
Dr. J. G. Gunn, 1919-20	Dr. F. G. McGuinness, '35-36
Dr. S. J. Pierce, 1922-23	Dr. Geo. Clingan, 1936-37
Dr. G. S. Fahrni, 1923-24	Dr. C. W. Burns, 1937-38
Dr. W. A. Gardner, 1924-25	Dr. W. S. Peters, 1938-39
Dr. J. D. McQueen, 1926-27	Dr. W. E. Campbell, 1939-40
Dr. C. A. McKenzie, 1929-30	Dr. E. L. Ross, 1940-41
Dr. H. O. McDiarmid, '30-31	Dr. H. D. Kitchen, 1941-42
Dr. Ross Mitchell, 1931-32	

To—Captain Myers R.C.A.M.C. (overseas) and Mrs. Myers at Brandon General Hospital on September 20th, a daughter.



To—Dr. and Mrs. George Hamlin of Portage la Prairie, Man., a son (Robert John) at Winnipeg General Hospital, September 21st.



To—Dr. and Mrs. Gordon R. Dyker of Winnipeg, at the Winnipeg General Hospital, September 8th, a daughter (Nancy Ann).



## Annual Golf Tournament

The Annual Golf Tournament for the coveted Manitoba Medical Association cup was held at the St. Charles Country Club on September 25th. Competition was keen as was the chilly wind, nevertheless there was a good turnout and a lively time enjoyed. Dr. V. F. Bachynski was the winner of the trophy with a net score of 70. Dr. J. T. Cruise was a close second with a net of 72.

# Winnipeg Medical Society

C. B. STEWART — *President*J. C. HOSSACK — *Past President*H. F. CAMERON — *Secretary*C. M. STRONG — *Vice-President*DIGBY WHEELER — *Past President*A. T. GOWRON — *Treasurer*

## MEETINGS

Third Friday, each month

## Next Meeting

October 16th

## MEETINGS

Start exactly at 8:15 p.m.

## NOTICE BOARD

For the past four months the Notice Board has been lying neglected in a corner. Now with the beginning of a new session we dust it off and hang it up for its second year. The first item, of course, is a Welcome for the new Executive who hope all the present members will continue so and that those still out of the fold will quickly enter it.

The year began well, with a full house. Dr. Little of Brandon Mental Hospital spoke about the "Modern Treatment of Mental Disease." His story was one of achievement and hope. It is now possible "to minister to the mind diseased" and surely medicine can look for no greater victory than the freeing of those unfortunates who languish in, or strive against, the chains of insanity.

The second speaker was Dr. T. H. Williams, Professor of Pathology in one of the largest Universities in China. He told his audience about his work, his students and his colleagues. He spoke also of the war as it affects the people of China and India, assuring us that his long experience in the Far East confirmed his belief in the invincibility of that part of the United Nations.

Dr. Stewart told the meeting about the work done by his committee on Bundles for Overseas. A large part of the income of the Society is devoted to this purpose and many interesting letters of thanks have been received. Some of these he read, and it is our intention to publish here excerpts of interest to the members.

At the next meeting (October 16th), there will be two papers and a demonstration. Dr. Bruce Chown will speak on the Newer Pathology of Polio and will be followed by Dr. Deacon. Dr. Deacon is going to tell us about the Kenny treatment. It would appear that many who in the beginning scoffed at Nurse Kenny's work have now become sincere converts. Her methods have been applied to many local cases and Dr. Deacon should be able to give an accurate assessment of the results.

Mrs. Ross will give a demonstration of muscle testing. Mrs. Ross is remarkably skillful, and to see her work is indeed a revelation.

### Agar and the War

The war has cut off importations of agar-agar, which normally come from Japan. The War Production Board has frozen all stocks of agar in order to protect the requirements for bacteriologic culture medium use of the Army, Navy and civilian hospitals and laboratories.

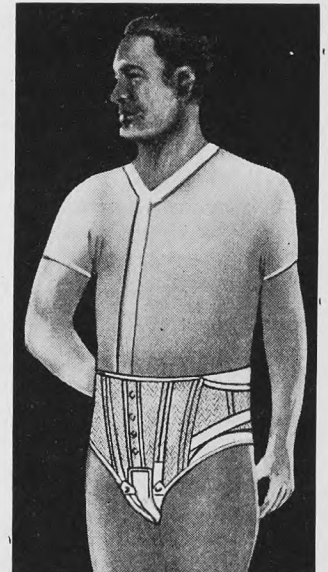
This W.P.B. control of agar stocks made it necessary for Mead Johnson & Company to discontinue the manufacture of "Pectin-Agar in Dextri-Maltose," a product which has been used by the medical profession for the treatment of diarrhea in infants.

Fortunately, Mead Johnson & Company have another product, Casec, which gives good results for the same purpose. Physicians who are not familiar with Casec are invited to write for samples and descriptive literature to Mead Johnson & Company, Evansville, Indiana.

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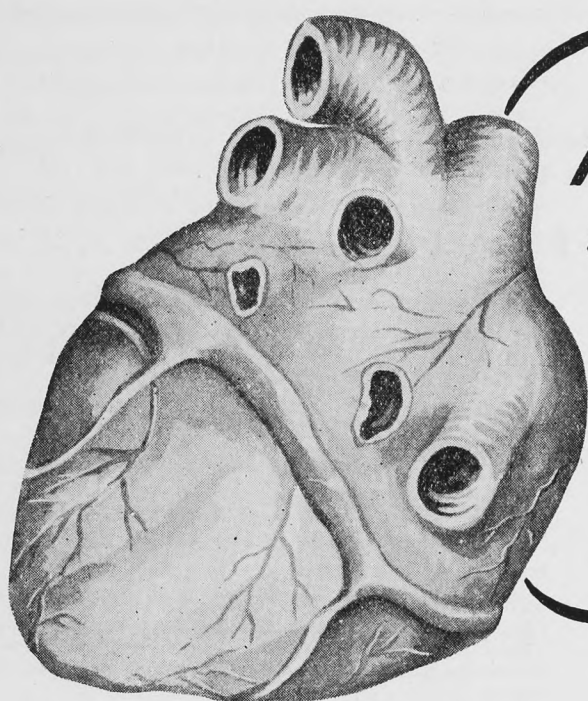
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### COMMUNICABLE DISEASE REPORT

July 16th to August 12th;

August 13th to September 9th, 1942

**WHOOPING COUGH:** Total 113—Ethelbert 29, Winnipeg 25, Brandon 14, Gilbert Plains Rural 4, Stonewall Town 3, St. Boniface City 2, Kildonan West 2, Siglunes 1, Norfoik North 1, Pembina 1, Souris Town 1, St. Vital 1, Turtle Mountain 1, Gilbert Plains Village 2, Pilot Mound 1, St. Vital 1. Late Reported: Ethelbert 1, Brandon 18, Glenwood 2, St. James 1, Daly 1, Flin Flon 1.

**TUBERCULOSIS:** 105—Winnipeg 35, Unorganized 11, Siglunes 5, St. Laurent 5, St. Boniface 4, Brandon 4, Cypress North 3, St. Vital 3, The Pas 2, Selkirk 2, Springfield 2, St. James 2, Transcona 2, Cartier 1, Dufferin 1, Bifrost 1, Ellice 1, Norfolk South 1, Piney 1, Portage la Prairie Rural 1, Shellmouth 1, Silver Creek 1, Tache 1, Argyle 1, Brenda 1, Cypress South 1, Dauphin Rural 1, De Salaberry 1, Hamiota Rural 1, Kildonan West 1, Morris Rural 1, Ochre River 1, Portage la Prairie City 1, Rhineland 1, Rockwood 1, Ste. Anne 1, St. Francois Xavier 1, Wallace 1.

**MEASLES:** 104—Winnipeg 28, Pembina 5, St. Boniface 5, Fin Flon 5, Elton 4, Tache 3, Coldwell 2, Unorganized 2, Minotnas 2, Rosser 2, Brooklands 1, Cornwallis 1, Emerson Town 1, Franklin 1, Portage la Prairie City 1, Strathcona 1, St. Vital 2, Tache 1, Wallace 1. Late Reported: Lakeview 31, Deloraine 3, Brandon 1, Unorganized 1.

**MUMPS:** 93—Winnipeg 34, St. Boniface 10, Portage la Prairie City 9, Wallace 8, Brandon 6, Dauphin Town 4, St. Vital 3, Tuxedo 3, Virden 3, Hamiota Rural 2, Birtle Rural 1, Fort Garry 1, Portage la Prairie Rural 1, St. James 1, Transcona 1, Ethelbert 1, Kildonan East 1, Norfolk North 1, Roblin Rural 1, Rosedale 1, Swan River Town 1.

**SCARLET FEVER:** 78—Winnipeg 30, Flin Flon 8, Brandon 4, Portage la Prairie City 3, St. Boniface 3, Portage la Prairie Rural 2, Sifton 2, Stonewall Town 2, Kildonan East 2, Lakeview 1, Neepawa Town 1, Odanah 1, St. James 1, Kildonan West 1, Norfolk North 1, Tuxedo Town 1, Assiniboia 1, Montcalm 1, Tache 1. Late Reported: Rossburn Village 6, Gilbert Plains Rural 2, Stanley 1, Flin Flon 1, Roblin Village 1, Saskatchewan 1.

**CHICKENPOX:** 74—Winnipeg 43, Napinka Village 6, Lansdowne 5, Brandon 4, Flin Flon 3, Tuxedo 2, Kildonan West 1, St. Boniface 1, St. Vital 1, Tache 1, Turtle Mountain 1, Virden 1, Selkirk Town 2, Rivers Town 1, Sifton 1, St. Rose Rural 1.

**ANTERIOR POLIOMYELITIS:** 23 — Winnipeg 5, Montcalm 2, Brandon 1, Morton 1, Roland 1, Unorganized 1, Portage la Prairie Rural 1. Late Reported: Kildonan East 3, De Salaberry 1, Silver Creek 1, St. Andrews 1, Victoria 1, Lorne 1, Ste. Anne 1, Franklin 1, Roblin Village 1.

**ENCEPHALITIS:** 22—Winnipeg 2, Argyle 2, St. James 2, Edward 1, Gray 1, Kildonan West 1, Lorne 1, St. Vital 1, Turtle Mountain 1, Victoria 1, Unorganized 1, Dauphin Rural 1, Portage la Prairie Rural 1. Roland 1, Strathcona 1, De Salaberry 1. Late Reported: Harrison 1, Saskatchewan 1, Unorganized 1.

**DIPHTHERIA:** 22—Winnipeg 10, St. Boniface 3, Charleswood 1, Portage la Prairie Rural 1, St. James 1, Tuxedo 2, St. Clements 1, Transcona Town 1, Unorganized 1. Late Reported: St. Boniface 1.

**ERYSIPELAS:** 13—Winnipeg 4, Unorganized 3, Portage la Prairie City 2, Fort Garry 1, St. Laurent 1, Hanover 1, Neepawa Town 1.

**LOBAR PNEUMONIA:** 12—McCreary 1. Late Reported: Brokenhead 2, Unorganized 2, Ste. Anne 1, Emerson 1, De Salaberry 1, MacDonald 1, Shoal Lake Rural 1, St. Boniface 1, Charleswood 1.

**INFLUENZA:** 8—Late reported: Rosedale 1, Brandon 1, East Kildonan 1, St. Clements 1, Unorganized 1, Cartier 1, St. Vital 1, Rhineland 1.

**TYPHOID FEVER:** 5—Winnipeg 4, Hanover 1.

**MENINGOCOCCAL MENINGITIS:** 4—Winnipeg 2, Brandon 1, Rhineland 1.

**BACILLARY DYSENTERY:** 2—Late Reported: Thompson 1, Unorganized 1.

**GERMAN MEASLES:** 1—Tuxedo 1.

**PARATYPHOID FEVER:** 1—Late Reported: Dufferin 1.

**TRACHOMA:** 1—Brandon City 1.

**SEPTIC SORE THROAT:** 1—Flin Flon 1.

**DIPHTHERIA CARRIERS:** 1—Winnipeg 1.

**TETANUS:** De Salaberry 1.

**VENEREAL DISEASE (August):** 212—Gonorrhoea 137, Syphilis 75.

**TREATY INDIANS:** 36—Tuberculosis 26, Trachoma 2, Encephalitis 1. Measles 1. Late Reported: Influenza 3, Encephalitis 2, Lobar Pneumonia 1.

### DEATHS FROM COMMUNICABLE DISEASES July, 1942

**URBAN**—Cancer 40, Tuberculosis 7, Syphilis 6, Pneumonia Lobar 4, Pneumonia (other forms) 4, Meningitis 2, Lethargic Encephalitis 1, Whooping Cough 1. Other deaths under one year 16. Other deaths over one year 160. Stillbirths 16. Total 257.

**RURAL**—Cancer 25, Tuberculosis 14, Pneumonia (other forms) 5, Pneumonia Lobar 1, Erysipelas 2, Influenza 1, Syphilis 1, Whooping Cough 1, Brucellosis 1. Other deaths under one year 31. Other deaths over one year 147. Stillbirths 17. Total 246.

**INDIANS**—Tuberculosis 1. Other deaths under one year 2. Other deaths over one year 1. Total 4.

DISEASES	Manitoba July 16-Aug. 12	Ontario July 12-Aug. 8	Saskatchewan July 12-Aug. 8	Minnesota July 12-Aug. 8	North Dakota July 12-Aug. 8
Anterior Poliomyelitis .....	7	5			
Meningococcal Meningitis .....	1	20	1		1
Chickenpox .....	49	361	32	49	
Diphtheria .....	12	7	14	3	5
Erysipelas .....	3	1	1	2	
Influenza .....		49		5	3
Encephalitis .....	10				
Measles .....	44	444	54	131	25
German Measles .....	1	30	6		
Mumps .....	52	421	124		
Lobar Pneumonia .....	1				
Scarlet Fever .....	41	234	47	88	12
Septic Sore Throat .....	1	8			
Smallpox .....				1	2
Tuberculosis .....	45	230	34	103	59
Typhoid Fever .....		8	2†	2	1
Typh. Para-Typhoid .....		4			
Undulant Fever .....		5			
Whooping Cough .....	21	242	3	220	20
Gonorrhoea .....	72*	445			29
Syphilis .....	11*	420			36

† Typhoid and Para-Typhoid both included in this figure.

\* July 16-August 5.

DISEASE	Manitoba Aug. 13-Sept. 9	Ontario Aug. 9-Sept. 5	Saskatchewan Aug. 9-Sept. 5	Minnesota Aug. 9-Sept. 5	North Dakota Aug. 9-Sept. 5
Anterior Poliomyelitis .....	5	22	3	16	4
Meningococcal Meningitis .....		7		2	1
Chickenpox .....	23	140	29	23	
Diphtheria .....	8	9	8	3	1
Erysipelas .....	8	1			
Influenza .....		16	6	1	13
Leth. Encephalitis .....	8		3		4
Measles .....	23	78	76	28	17
German Measles .....		19	4		
Mumps .....	36	346	91		
Puerperal Fever .....			1		
Scarlet Fever .....	21	156	43	62	7
Septic Sore Throat .....	1	5			
Bacillary Dysentery .....			1		
Amebic Dysentery .....				6	
Trachoma .....	1		1		
Tuberculosis .....	60	177	62	46	23
Typhoid Fever .....	4	13		1	1
Typhoid Para-Typhoid .....		4	3		
Undulant Fever .....		6			
Whooping Cough .....	40	249	19	231	33
Diphtheria Carriers .....	1		22		
Tetanus .....	1	1			
Gonorrhoea .....	119*	564			22
Syphilis .....	79*	458			32

\* August 6-September 9—approx. 5 weeks.

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